

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000057343

**Entity Name:** ALESSANDRA LOPES LLC

**Current Principal Place of Business:**

9737 NW 41ST STREET  
827  
DORAL, FL 33178

**Current Mailing Address:**

9737 NW 41ST STREET  
827  
DORAL, FL 33178 US

**FEI Number:** 46-5324842

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOPES, ALESSANDRA A MISS  
9737 NW 41ST STREET  
827  
DORAL, FL 33178 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LOPES, ALESSANDRA A. MISS  
Address 9737 NW 41ST STREET  
827  
City-State-Zip: DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALESSANDRA LOPES

AMBR

03/09/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date